



Arkansas Appraiser Licensing and Certification Board

900 West Capitol Avenue, Suite 400

Little Rock, AR 72201

www.arkansas.gov/alcb

501-296-1843

FOR BOARD USE ONLY

FORM AMC-501

AMC Renewal

Registration # _____

Current Expiration Date: _____

ASC Ck/By _____

SOS Ck/By _____

Documents Mailed/By _____

Arkansas Appraisal Management Company

RENEWAL FORM

Pymt Type	Ck Date	Ck #	Amt	Processed Date/By
DO NOT WRITE ABOVE THIS LINE				

Registrant Information:

AMC Name: _____

Mailing Address: _____

Registration Number: _____ Phone Number: _____

E-mail Address: _____

1. Your current registration *expires on* _____. This is your official notice to renew. The renewal fee is \$500. Failure to renew prior to this expiration date will result in the loss of authority to operate as an Appraisal Management Company in Arkansas.

2. If *any* information has changed regarding registrant's address, controlling person/managing principal, or the agent of record, please use the enclosed forms to report changes that have occurred and submit with this statement.

3. Pursuant to Section IV(c) of the Rules and Regulations, the initial surety bond, in the amount of \$20,000 continues to be in effect. If your bond's "face amount" has been reduced for cause, the amount required for the bonds restoration to full value is: \$_____.

4. Renewal applications submitted after the expiration date of your current Registration must be accompanied by a delinquency fee of \$50 per month. If you are not planning to renew, please notify the Board office on or before the above-referenced expiration date.

5. If any legal or regulatory actions, investigations or administrative proceedings have been initiated against the Registrant or the managing principal by other states or any federal agency in the last 12 months, you must attach a full description of each item and copies of relevant documents to this form.

6. Please make all checks or money orders payable to the Arkansas Appraiser Licensing and Certification Board.

7. If you have questions, please contact the AALCB at the address above.

THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE.

AMC NAME: _____

Renewal Fees:

A Renewal Fee of \$500 payable by check or money order to the Arkansas Appraiser Licensing & Certification Board must be included with this application.

The undersigned is duly charged to represent the above-named Registrant and certifies that the renewal information and supporting documents are, to the best of his/her knowledge, true and accurate in detail.

Witness the hand and seal of the undersigned at (city, state) _____

This ____ day of (month) _____, 20____.

Signature

(Notary Public Signature)

State of: _____

County of: _____

My Commission expires: _____

This form MUST BE RETURNED with your fee in order to process your Renewal.

***** If changes have been made, also use Forms AMC-502, 503, 504, 505, and 506, as needed. *****